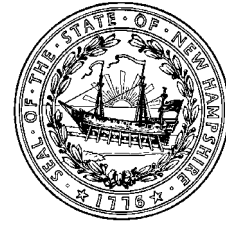


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PRESS RELEASE
FOR IMMEDIATE RELEASE
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Flu Season in New Hampshire Normal So Far

Concord, NH – The New Hampshire Department of Health and Human Services (DHHS) Office of Community and Public Health reports that the State is experiencing a typical influenza (flu) season so far this year with mild to moderate flu activity.

“We are not aware of an increase in severity or occurrence of flu in children or adults this year and there have been no deaths reported from flu,” said Dr. Jesse Greenblatt, State Epidemiologist. “The availability of vaccine is limited around the State, as is true around the country, but this is typical for this time of year with organizations wrapping up their immunization programs.”

“We also want to let the public know that the vast majority of persons who get the flu will experience a mild illness. Additionally, good antiviral medications are available to treat or prevent the disease and these are useful in those that didn’t get the vaccine,” said Dr. Greenblatt. “These four licensed drugs for influenza treatment include amantadine (Symmetrel®), rimantadine (Flumadine®), zanamivir (Relenza®), and oseltamivir (Tamiflu®) and can be prescribed by your doctor.”

Influenza is a viral disease of the respiratory tract. The virus is spread from person to person through coughing or sneezing. Typical flu symptoms include fever, headache, sore throat, muscle aches, and a dry cough. The majority of people experience only mild to moderate symptoms and recover fully in a few days. Occasionally people develop more severe cases of the flu, especially those at increased risk for medical complications, such as the elderly. On average

- more -

36,000 people will die in the United States from influenza according to the Centers for Disease Control and Prevention (CDC). Those in high-risk groups are encouraged this year and every year to receive a vaccine.

“The flu is a fact of life this time of year but there are precautions people can take to prevent becoming ill or minimize the severity of the illness,” said Mary Ann Cooney, Director of the Office of Community and Public Health.

The steps everyone should take to safeguard their health against all airborne illnesses, not just the flu, include:

- Use a tissue to cover your nose and mouth when coughing or sneezing; dispose of the tissue immediately and wash hands thoroughly.
- Wash hands frequently with soap and hot water for at least 20 seconds.
- Rinse and dry hands with a disposable towel. Use towel to turn off the faucet.
- Stay home from work or school for 5-7 days if you have flu-like symptoms.
- Get plenty of rest, exercise, and eat properly.
- Clean surfaces that you touch frequently, such as doorknobs, phones, and refrigerator handles.
- Do not share utensils.

The Department of Health and Human Services has established a flu information line to help answer questions: **1-866-273-6453**. Health care providers are asked to continue reporting clusters of illness to the Bureau of Communicable Disease Surveillance at 800-852-3345 ext. 0279 or 603-271-0279. Further information is available on the DHHS web site at www.dhhs.state.nh.us or at the CDC web site at www.cdc.gov.

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INFLUENZA 2003 - 2004

A virulent strain of the flu seems to be hitting the United States this year. The outbreak is also earlier than usual. By early December, ten Colorado children died from complications of the flu although it was still early in the "flu season". The Colorado Department of Public Health reports that usually two children die of the flu in Colorado each flu season.

Centers for Disease Control and Prevention director Dr. Julie Gerberding said that the agency was carefully evaluating whether there was anything unusual in the current strain of influenza that made it more virulent in children. "We don't know the answer to the question yet," she said. "It is common for children to develop severe influenza, and for deaths to occur in every flu season."

Nationally, criticism is growing over why manufacturers and the national Centers for Disease Control and Prevention failed to predict the severity of the season. They were counting on Panama A H3 N2 being the dominant strain. Even though they were wrong - Fujian A H3 N2 is dominant - they should have known from the "H3 N2" tag on both strains that it would be a severe season, say critics.

Q. What is the flu?

A. Influenza, commonly known as the flu, is an acute viral disease of the respiratory tract. The virus is spread from person to person through coughing or sneezing. Typical flu symptoms include fever, headache, sore throat, muscle aches, and a dry cough. Every year approximately 36,000 people in the United States die from flu complications.

Q. Who is most at risk?

A. The elderly and people with long-term chronic health problems, including, heart or lung disease or asthma or kidney disease. Individuals with weakened immune systems due to HIV/AIDS, patients undergoing long-term treatment with drugs such as steroids or those on cancer treatment are also at high risk, along with health care workers.

Q. Is it a good idea to get a flu shot?

A. The Centers for Disease Control and Prevention believes that routine immunization is the most important way to guard against getting the flu. You should talk to your doctor before getting a flu shot, however, if you have ever had a severe allergic reaction to eggs, if you have a high fever or reacted poorly to a previous flu immunization. Individuals with a history of Guillain-Barre Syndrome should also check with their physician first.

Q. How deadly can the flu get?

A. The 1918 pandemic caused the highest number of known flu deaths. More than 500,000 Americans died, nearly half of them were young, healthy adults. In recent times, about 36,000 Americans die every year and, roughly, 114,000 people are hospitalized because of the flu. A higher death toll is expected this year for two reasons: The flu hit early and there's the presence of a new strain from China, the Fujian strain, that's not covered in this year's vaccine.

Q. So what is the problem this year?

A. A potential problem may occur if the right strain is not picked. This year there is a new flu strain called the Fujian strain. This year's vaccine, the same one used the last several years, does not exactly match the Fujian strain.

Q. What does this mean?

A. The World Health Organization and medical experts say the vaccine is close enough that it will provide some protection. But Barbara Loe Fisher, president of the National Vaccine Information Center, said there are "serious questions as to whether or not that is true." Fisher sat on the committee when the decision was made on which strains to include in the vaccine.

Q. Is it really worse this year or just media hype?

A. Current data show that people in the United States are getting sick with flu earlier in the year than usual. Also, in laboratory tests from across the country, a greater proportion of specimens testing positive for influenza are type A (H3N2). Historically, A(H3N2) viruses have been associated with more-severe flu seasons during which higher numbers of influenza-related hospitalizations and deaths have occurred.

Q. What about this nasal spray I've heard about?

A. This is the first year this vaccine, called FluMist, is available. The Food and Drug Administration approved FluMist in December 2002. The vaccine is made by MedImmune, based in Gaithersburg, Md, which was founded in 1988. It had about \$800 million in sales last year and has about 1,600 employees. Wyeth, the big drug maker based in Madison, helps to market the vaccine and shares revenues.

Q. What is the difference between the two vaccines?

A. The traditional vaccine contains inactive, or killed, virus. These vaccines can be given to anyone over six months old. The FluMist contains "live" virus and therefore can cause illness. FluMist is approved for healthy people between 5 and 49 years old. FluMist recipients should avoid contact with anyone with a weakened immune system, such as someone undergoing chemotherapy, for at least 21 days after being immunized.

Q. What should EMS providers be doing to respond to the flu threat?

A. EMS providers should be taking steps to protect themselves and others from the flu. EMS providers are at risk for acquiring the flu and should have a flu vaccine every year. Precautions against catching the virus from a patient with the flu include the application of airborne personal protective equipment (particularly masks) on both the provider and patient. For further information regarding EMS use of airborne personal protection equipment refer to the NH Bureau of EMS web site.

Q. How do I know if a patient has the flu or a cold?

A. Some of the symptoms are similar, but influenza is usually much more severe. The patient usually feels very sick and very weak, much more than a cold. Refer to the NH Bureau of EMS web site for a table differentiating the signs and symptoms of a cold and flu (and even SARS)

Some of the above material was adapted from the "Newark Star Ledger"

FOR ADDITIONAL INFORMATION ON THE FLU (Influenza), PLEASE CONTACT THE FOLLOWING WEBSITES:

NH Dept. of Health & Human Services: www.dhhs.state.nh.us

U.S. Centers for Disease Control (CDC): www.cdc.gov/flu/

**NH BUREAU OF EMS
COMPARISON OF SYMPTOMS
COLD - FLU - SARS**

Symptoms	Cold	Flu	SARS
Fever	Rare	Characteristic, high (102-104o), lasts 3-4 days	Characteristic, high >100.4o
Headache	Rare	Prominent	Rare
General Aches	Slight	Usual, often severe	Common
Fatigue	Quite mild	Can last up to 2-3 weeks	Common
Extreme exhaustion	Never	Early & prominent	Rare
Stuffy nose	Common	Sometimes	Rare
Sneezing	Usual	Sometimes	Rare
Sore throat	Common	Sometimes	Rare
Chest discomfort, cough	Mild to moderate; hacking cough	Common; can become severe	Common, cough can be severe, dyspnea
Complications	Sinus congestion, earache	Bronchitis, pneumonia; can be life threatening	Pneumonia, can be life threatening
Prevention	None	Annual vaccination, antiviral agents during outbreak	None
Treatment	Only temporary relief of symptoms	Antiviral medications	Supportive treatment only